2cE/IM

	TRANSMIT (General - F	Docket No. 19365-099806								
In Re Application Of: Kreitler .										
Application No. 10/828,758	Filing Date 04/21/2004	Examiner Edell	Customer No. 28886	Group Art Unit	Confirmation No.					
Title: MULTI-POSITION HEAD RESTRAINT										
DEC 1.2 7005 TO THE DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE:										
Transmitted herewith is: Request for Continued Examination Transmittal; Fee \$790; Amd/transmittal; amd/response p; return postcard; form PTO 2038										
☐ A check in t ☐ The Directo ☐ as describe ☐ Cha ☐ Cre	al fee is required. the amount of or is hereby authorize		Account No.	50-1759						
Payment by WARNING:	Information on this this form. Provide	TO-2038 is attached. s form may become public. Concredit card information and a	authorization (not be					
Clark Hill PLC	venue, Suite 35	00	deposited with sufficient posta addressed to "C Alexandria, VA 2 12/08/20 (Date)	the United States age as first class Commissioner for Pa 22313-1450" [37 CFI	Correspondence					

CC:

Typed or Printed Name of Person Mailing Correspondence

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kreitler						Docket No. 19365-099806					
Application No. 10/828,758	Filing Date 04/21/2004	Examiner Edell		Customer N 28886	10.	Group Art Unit	Confirmation No.				
Invention: MULTIPROSITION HEAD RESTRAINT OFC 1 2 1005											
A A A A A A A A A A A A A A A A A A A	COMMISSIONER FOR PATENTS:										
	Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.										
		CLAIMS AS AM	ENDEC)							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR		ER EXTRA		RATE	ADDITIONAL FEE				
TOTAL CLAIMS	3 -	20 =		0	x	\$50.00	\$0.00				
INDEP. CLAIMS	1 -	3 =		0	х	\$200.00	\$0.00				
Multiple Dependen	nt Claims (check if appl	licable)					\$0.00				
		TOTAL ADDITIONAL F	FEE FO	R THIS AME	ENC	DMENT	\$0.00				
 No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759 ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 											
Robin W. Asher, Reg. No. 41,590 Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226-3435 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 12/08/2005 (Date) Signature of Person Mailing Correspondence CC: Typed or Printed Name of Person Mailing Correspondence											